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EVALUATION OF THE SENEGAL SOCIAL MARKETING PROGRAM

Submitted to USAID/Senegal
by
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LIST OF ACRONYMS

| | |
|-----------|--|
| ACA | Association Conseil pour l'Action |
| AIDSCAP | AIDS Control and Prevention Project |
| ASBEF | Association pour le bien-être familial (an NGO) |
| CBD | community-based distribution |
| CFA | local currency (approximately 500 CFA : \$1.00) |
| FHI | Family Health International |
| FUTURES | Futures Group International |
| GOS | Government of Senegal |
| IEC | information, education, communication |
| KAP | knowledge, attitudes, and practices |
| PNA | Pharmacie Nationale d'Approvisionnement |
| PNPF | National Family Planning Program |
| PNLS | National AIDS Control Program |
| POP | point-of-purchase |
| PSMS | Senegal Social Marketing Program (Programme Senegalese de Marketing Sociale) |
| MOHSA | Ministry of Health and Social Affairs |
| NGO | non-governmental organization |
| ORS | oral rehydration salts |
| REDSO/WCA | USAID West Africa regional office |
| SANFAM | Santé Familiale (an NGO) |
| SOMARC | Social Marketing for Change Project |
| STD | sexually transmitted disease |
| TOT | training of trainers |
| USAID | United States Agency for International Development |
| USAID/D | United States Agency for International Development/ Dakar |
| USAID/W | United States Agency for International Development/ Washington |

EXECUTIVE SUMMARY

INTRODUCTION

The pilot phase of Senegalese Social Marketing Program (PSMS) is an eighteen-month program that will end in September, 1996. The pre-launch activities were covered under a core contract and the implementation activities under a buy-in contract. The PSMS is managed by the SOMARC Project of the Futures Group International.

The PSMS was planned to be implemented in two phases: a first phase that includes the introduction of a high quality condom nationwide through the private pharmaceutical distribution network and a second phase that includes an extension of the condom sale points.

During the first year of project implementation, the Project Committee was formed, subcontracts were finalized with Valdafrique, the distribution agency, Publicom, an advertising agency, ACA, to provide administrative support, and two market research agencies - Equation and BDA. By early 1995, the brand name and logo were selected, a training of trainers (TOT) had been held, and cascade training began with pharmacists and counter clerks.

During the first half of 1995, point-of-purchase (POP) materials were printed, a public relations plan developed and implemented. The initial distribution of PROTEC began in April. The official project launch ceremony was on June 23. During the last quarter of 1995 both radio and TV spots were aired. The publicity on television, that began in September, had a dramatic effect on sales. At the end of March 1996, one year after the condom distribution began, sales were 21% higher than the project distribution objective.

IMPLEMENTATION

At the outset of the project, considerable effort was devoted to ensuring that the promotion of the condom would be done very carefully, taking into consideration the cultural sensitivities in Senegal. Technical assistance was provided to plan and carry out qualitative and quantitative market research in collaboration with the local subcontractors. Ultimately, a new brand name and logo were selected. This caused a delay in the schedule originally proposed for the project which had been based on utilizing an existing social marketing brand. However, it also resulted in consensus and a sense of ownership within the Project Committee and more broadly among other opinion leaders who were more peripherally involved.

PSMS organized a number of major public relations activities with opinion leaders in order to lay the foundation for launching PROTEC. A "media training" session was held with groups of religious leaders, political leaders, journalists, doctors, midwives, and pharmacists. The participants became a

core group of resource people who took the lead in sensitizing others. The launch ceremony was well attended and publicized widely.

The publicity campaign has been successful in establishing the credibility of the condom which had a negative connotation associated with promiscuity. The message uses a "soft" approach that emphasizes protection of the family and birth spacing to reinforce repositioning of the condom as a respectable product. PROTEC was distributed through pharmacies exclusively, in order to establish the condom as a quality and prestigious product.

The sales of PROTEC have far exceeded expectations despite the fact that the media publicity did not begin until four months after the initial distribution. In the first 13 months, more than 1 million PROTEC condoms were sold which is remarkable considering that the distribution network constitutes less than 300 outlets. The private sector has experienced a substantial increase in the global market. Following the launch of PROTEC there was a significant drop in sales of other condoms (most of which were considerably more expensive than PROTEC). However, the distributors report a come back for the other brands and continual increases in the sales of PROTEC.

PROGRAM MANAGEMENT

The PSMS Coordinator is dynamic and has, by all accounts, been highly successful in managing the project. The Coordinator is backstopped by the SOMARC Regional Coordinator in the Rabat office.

The Project Committee is comprised of representatives of the Ministry of Health and Social Affairs (MOHSA), USAID, and the Order of Pharmacists. The Committee provided the campaign with a legitimacy that was decisive in facilitating acceptance in the community at large. Nonetheless, there was a certain clash of cultures involving an underlying concern among Committee members that the profit motive is not in the interest of the population and frustration within the private sector because of the lack of understanding by the bureaucracy of private sector imperatives.

LESSONS LEARNED

- Contributed to the "demystification" and increased acceptability of the condom. By moving slowly and taking into consideration the social sensitivities, SOMARC has been successful in gaining the support of opinion leaders and in advancing the acceptability and credibility of the condom.
- Established the feasibility of the private sector to make an important contribution in the social sector. SOMARC has demonstrated that the private sector with its focus on the "bottom line" is efficient and effective in establishing a reliable distribution network and in product promotion and advertising.

- Established the viability of social marketing for the private sector. PROTEC has become a profitable product showing a reasonable return to wholesalers and pharmacists. It has also demonstrated that there is a significant market for a packet of 3 condoms at 150 CFA.
- Demonstrated that the public and private sectors operate differently and ultimately that public sector control restrains the efficiency of the private sector.
- Demonstrated that the utilization of existing commercial networks leads more quickly to self-sustainability. Valdafrique calculates that it could manage the distribution of PROTEC independently (probably including purchasing the condoms) without a subsidy if it were sold at 200 CFA and if promotional activities were continued.

PERSPECTIVES/ RECOMMENDATIONS FOR PHASE 2

1. It is recommended that USAID support a second phase which will involve an extension of the network of sales outlets, as well as the potential addition of new products. The second phase should be funded for a minimum of four years to allow sufficient time for the project to attain greater self-sufficiency.
2. USAID is strongly urged to ensure that there is no gap in funding between the pilot phase and the follow-on Phase 2.
3. SOMARC should undertake a study to assess the potential new market and outlets for PROTEC. In conjunction with this study, it would be advisable to examine the elasticity of demand.
4. SOMARC should become a more independent private sector entity. It should be established as an autonomous organization with a Manager/ Chief Executive Officer responsible for operations and an advisory board that reviews the objectives, strategy, and program performance.
5. The Project Committee should be dissolved and a board appointed, that is composed of individuals primarily from the private sector, who are dedicated to the social goals of social marketing and experienced in the commercial sector. The board should also include representation from the MOHSA and USAID.
6. The distribution network should be expanded to make PROTEC more accessible while respecting the following criteria: adequate conditions of stockage and sale; maintenance of the retail price; and utilization of existing networks.
7. NGOs should be involved in distribution, particularly to the harder to reach, high risk populations that are not well served by the commercial sector. It is recommended that USAID subsidize purchase of the first consignment of stocks, the NGOs replenish with proceeds from the sales, and retain a margin for themselves.

8. SOMARC should put more emphasis on STD/HIV prevention, especially among high risk groups, and should collaborate closely with AIDSCAP in this effort. The development of a related promotional strategy, particularly for the media, will need to involve extensive research and pre-testing.

9. SOMARC should study the possibility of including other products, particularly in view of the USAID strategy of integrating health and family planning. In particular, SOMARC should explore, in collaboration with BASICS, the possibility of promoting and distributing ORS. Other products to consider include oral contraceptives and spermicides, and possibly mosquito nets, nivaquine, paracetamol, and a weaning food. Any extension of the product line must be planned in conjunction with a feasibility study.

10. SOMARC should make a plan for gradual reduction of the subsidies provided, to the extent possible, keeping in mind the need to make the products affordable to the lower income groups.

11. The SOMARC office should be reinforced with the expansion of the project and the increased autonomy and stature of SOMARC. The Manager should be involved in the international social marketing network and have opportunities to exchange experiences with social marketing experts and programs worldwide.

12. SOMARC should support training for pharmacists, and especially counter clerks, who have not yet been trained, as well as for the personnel in new sales outlets.

PROJECT DATA SHEET

Project title: Senegal Program of Social Marketing

Contract Authorization Number: AID/CCP-3051-Q-14-2017-00

Contract Authorization Date: January 9, 1995

Project Activity Completion Date: Originally August 31, 1995, Extended October 4, 1995
until September 30, 1996

Funding Approved for Contract: \$598,114

1. INTRODUCTION

1.1. Purpose of Evaluation

The evaluation was intended to assess progress to date in achieving the objectives of the project. It was planned to include an analysis of the activities of the project staff and subcontractors. In addition, the evaluation was expected to make recommendations with a particular focus on a second project phase. (See Appendix 1)

1.2. Methodology

The team was composed of two external evaluators -- team leader, Betsy Stephens, independent consultant, and Bineta Ba, Regional Health Care Financing Advisor, REDSO/WCA. They were joined by Malick Cisse, Legal Advisor, Ministry of Health and Social Affairs (MOHSA), for part of the evaluation.

The evaluation took place between May 2 - 18, 1996. During the introductory meeting with the United States Agency for International Development (USAID), the terms of reference for the evaluation were slightly modified and these modifications have been incorporated into the Scope of Work which appears in Appendix 1. The team reviewed documents (see Appendix 3). The team interviewed representatives of USAID, the Government of Senegal (GOS), and people involved in and collaborating with PSMS activities, based on a list of questions prepared in advance for each interview (see Appendix 2). Due to time constraints the team was not able to undertake field visits outside of Dakar. The team did visit 8 pharmacies in Dakar and met with a pharmacist from Diourbel.

1.3. Project Description

The pilot phase of the Senegalese Social Marketing Program (PSMS) is an eighteen-month program. It was originally proposed that the pre-launch activities be implemented from March - November 1994 and the launch and marketing of condoms from November 1994 - August 1995. Subsequently, the timetable was amended and the project extended to September 1996. The pre-launch activities were covered under a core contract and the implementation activities under a buy-in contract. The PSMS is managed by the Social Marketing for Change (SOMARC) Project of Futures Group International (FUTURES) and is financed by USAID. The PSMS is a sub-project of the Child Survival and Family Planning Project. The MOHSA oversees the PSMS. The program funding level is \$698,114, including \$100,000 from field support funds and \$598,114 from buy-ins. The PSMS assists the GOS in complementing the National Family Planning and the STD/HIV/AIDS Prevention Programs.

The PSMS was planned to be implemented in two phases: a first phase that includes the introduction of a high quality condom nationwide through the private pharmaceutical distribution network and a second phase that includes an extension of the condom sale points. The PSMS has contributed to: 1) creating a demand for condoms; 2) the promotion, availability and use of a high quality condom; 3) sensitizing the population to the use of condoms for child spacing; 4) creating an awareness of AIDS; and 5) involving the private sector in condom social marketing.

The PSMS is locally managed by a coordinator based in Dakar. The coordinator is technically supervised by the SOMARC regional office located in Rabat. A local organization, Association Conseil pour l'Action (ACA), was identified to provide all administrative support to the project. A local private firm, Valdafrique, and its subsidiary, Senegalap, was selected for condom distribution. Publicom, a local publicity agency, was selected for the promotion of the product. Two Senegalese firms, Equation and BDA, were selected to conduct the project research activities.

Initial activities consisted of the formation of the PSMS Project Committee and revision of the implementation plan. Starting in March 1994, there was a selection process for the implementation/distribution agency, the advertising agency, the local project coordinator, the administrative agency and the market research agencies.

During the last quarter of 1994, Equation conducted the final round of qualitative studies of package designs, trade names, and the low-literacy package insert in a series of 150-one-to-one interviews. The final results of these studies were not available until early 1995. There was a definite preference for the PROTEC Oiseau (bird) package developed by Publicom. During the same period, BDA conducted a knowledge, attitudes and practices (KAP) study, the training modules were developed, and the draft of the TV storyboard and designs for the initial point-of-purchase (POP) materials were finished.

During the month of January 1995, with support from the AIDS Control and Prevention Program (AIDSCAP), a training of trainers (TOT) session was held in Dakar for 18 trainers which was followed by cascade training of pharmacists and counter clerks. During the first half of 1995, a public relations plan was developed and implemented and POP materials were printed. Distribution of PROTEC began in April. On June 19, there was a press conference for the PSMS launch and four days later was the project launch ceremony. During the last quarter of 1995 both radio and TV spots were aired. Condom sales showed an immediate effect, especially following the use of television as of September. At the end of March 1996, one year after the condom distribution began, sales were higher than the project distribution objective (i.e. 906,495 condoms sold against 750,000 condoms projected).

2. IMPLEMENTATION

2.1. Promotion

2.1.1. Research

At the outset of the project, considerable effort was devoted to ensuring that the promotion of the condom would be done very carefully, taking into consideration the cultural sensitivities in Senegal. The condom was an extremely delicate subject: it was associated with sex, which is not talked about openly, and particularly with extra-marital sex which is a cultural taboo. Thus, there was thorough research at every stage to develop a brand name, logo, packaging, package inserts, media publicity, and a price that would be acceptable and that would establish the credibility of the condom.

Technical assistance was provided by FUTURES to plan and carry out qualitative and quantitative market research in collaboration with the local subcontractors. In order to establish acceptability of the brand name, logo, and packaging, two series of focus group sessions were held among urban and peri-urban populations in Dakar, St-Louis, and Kaolack. To establish the price, qualitative KAP studies were conducted among the target population as well as an in-depth market analysis. To validate the message and presentation of promotional materials and spots, and the package inserts, there were extensive qualitative pre-tests and post-tests and focus group sessions. Throughout this process there was continuous consultation with the Project Committee to ensure acceptability among decision makers and opinion leaders.

Ultimately, a new brand name and logo were selected for Senegal which was partly a consequence of the Committee's experience of having observed social marketing projects in Côte d'Ivoire and Morocco prior to the beginning of the project. This caused a delay in the schedule originally proposed for the project which had been based on utilizing an existing social marketing brand used in other countries in which SOMARC is present. However, it also resulted in consensus and a sense of ownership within the Project Committee and more broadly among other opinion leaders who were more peripherally involved.

2.1.2. Publicity/ Public Relations

PSMS organized a number of major public relations activities with opinion leaders in order to lay the foundation for launching PROTEC. With the help of an expert consultant from FUTURES, a "media training" session was held in May 1995 with groups of about 20 religious leaders, political leaders, journalists, doctors, midwives, and pharmacists. The participants became a core group of resource people who took the lead in sensitizing others. Some 27 meetings were held nationwide with religious leaders whose approbation was key to the success of the project. There were other meetings with parliamentarians, government officials, journalists, groups of doctors and midwives. Support from the

medical community was also important and therefore a letter was sent to public and private sector physicians and midwives, regional and district health officers explaining PSMS and introducing PROTEC.

A few days before the project launch ceremony, a pre-launch press conference was held in which concerns and misconceptions were discussed. This resulted in favorable newspaper articles and a TV round table discussion. The launch ceremony, held on June 23, 1995, was well attended and publicized widely.

The PSMS Coordinator, with the assistance of Project Committee members and other resource people, has continued the public relations activities which have included meetings with important opinion leaders, participation in the dinner debate held for the first anniversary of the medical publication, Santé Magazine, and in International AIDS Day activities. PSMS maintains successful relationships with the press resulting in articles in various newspapers.

The major publicity activities began with 21 theater sketches, using famous national actors. They were presented in a number of "quartiers populaires" in Dakar (e.g. Pikine, Medina, Thiaroye, Reubeuss). Since they preceded publicity in the media, they effectively tested the PROTEC message. There is a plan to take the sketches to all the regions and to record and show the dramas on television.

The radio campaign was launched in July 1995 in French, Ouolof, and Pular. The TV campaign spot in Ouolof was launched in September 1995 and was shown for about three months. The TV and radio spots recommenced while the evaluation team was in Senegal, as planned. There was a misconception among some people in the community that the publicity had been withdrawn in response to the reaction to the initial spots.

POP materials were available from the beginning. They include stickers, leaflets based on the TV spot, mobiles, and a dispenser. Although there was resistance in a number of pharmacies at the outset to displaying these materials, most now have them in full view.

2.1.3. Effectiveness

The PSMS publicity campaign has been successful in establishing the credibility of the condom which had a negative connotation associated with promiscuity by focusing on protection of the family. A conscious decision was taken to distribute PROTEC initially through pharmacies exclusively in order to establish the condom as a quality and prestigious product. The message uses a "soft" approach that emphasizes family health and birth spacing to reinforce repositioning of the condom as a respectable product. Protection against AIDS is implied but only sexually transmitted diseases (STD) are referred to directly. The publicity has helped "demystify" the condom, facilitating more open discussion, making it a less embarrassing subject, and reducing reticence associated with purchasing condoms. This success can be partially attributed to the assiduous attention paid to winning over opinion leaders in the religious, political, and health sectors.

Starting with radio provided a sort of "test" of receptivity of the message. However, the impact was not felt until the TV spots began at the beginning of September 1995. September sales showed an increase of 35% over the previous month; sales increased by 72% during October. In an evaluation by AIDSCAP, PSMS/PROTEC publicity was cited by 15% of respondents, considerably more than those who cited AIDSCAP-sponsored publicity. Another indication of the success of the advertising campaign is that subsequently PSMS was invited to sponsor traditional wrestling events -- a very popular sport in the community. These events were broadcast on television with the PROTEC message very much in evidence.

The theater sketches were extremely well received and had a strong positive effect on sales in the vicinity of performances. This is an approach that has been very successful in Senegal in commercial advertising of other products.

Although the only information available relating to consumer attitudes and behavior is anecdotal, the Valdafrique/Senegalap sales force reports that there is an overwhelmingly positive response to PROTEC. The brand name is used to denote condom. Very few complaints about PROTEC have been reported by the pharmacies. The list of complaints include: it is too thick, too hard, or not fine enough; it is not sufficiently lubricated; it is difficult to open the package; and there are occasional reports of breakage. Some consumer intercept studies may be warranted to ascertain issues that could be addressed by the sales forces and/or promotional efforts. It should be noted that at an early stage in the project, SOMARC sent a random sample of the PROTEC stock for quality testing at Family Health International (FHI) in the U.S. and the quality was reported to be perfect.

2.2. Distribution

2.2.1. Support

A program of training of pharmacists, counter clerks, pharmacy depot managers, and wholesalers began with a TOT (Jan '95) in contraceptive technology, communication, etc. The training was conducted with technical assistance from FUTURES and funding from AIDSCAP. Trainers were recruited from the Order of Pharmacists rather than an outside group to ensure maximum involvement of private pharmacists and to establish a sustainable capability within the sector. Out of 40 candidates, 20 were chosen and 18 remain of whom 7 are from the School of Pharmacy, 9 are private pharmacists, and 2 wholesale distributors.

Following the TOT, the training materials were adapted for Senegal and the training sessions reduced from 2 days to 1 day. Subsequently, approximately 320 pharmacists, counter clerks, and depot managers were trained in a series of 24 training sessions (March-May '95). There are indications that the training was successful. The sales force reports that individuals who have been trained are much more open to promoting PROTEC. While there is now a critical mass in the private pharmaceutical sector who have been trained, there are a large number of pharmacists, and especially counter clerks,

who have not been trained. A new cycle of training, which could be on-site, should be carried out. Some retraining, with emphasis on STD prevention, is also warranted for those who have already been trained.

Senegalap began with a sales force of 10 individuals to introduce PROTEC and provide POP materials. There are currently 4 salesmen solely dedicated to PROTEC. Their role is to promote sales with their clients -- the pharmacists and their counter clerks. They provide information, discuss problems, and encourage the pharmacists and counter clerks to champion the benefits of PROTEC and to display the POP materials. Currently, the sales force visits every pharmacy in greater Dakar every 15 days and in the regions every 4 months although they plan to increase the frequency of visits in the regions.

The salesmen appear to be enthusiastic and committed to promoting PROTEC. They have a good understanding of the benefits of PROTEC and a commitment to advocating its use. They appear to have established good relations with the sellers and could be trained to provide on-site training to counter clerks. A special training course for the sales force should be organized by PSMS.

The PROTEC sales force is at somewhat of a disadvantage because they are not able to offer attractive gifts to the pharmacies as are salesmen representing many commercial products. PSMS has been limited to small tokens such as pens and calendars. The suggestion was made that perhaps a simple two-page bulletin (*SOMARC-INFO*) be distributed monthly with relevant information, for example, on AIDS and family planning, and news of PROTEC sales.

The evaluation team had an opportunity to visit 8 pharmacies in Dakar and to speak with 1 pharmacist and 7 counter clerks. While these pharmacies cannot be considered a representative sample, the team found the personnel to be enthusiastic in promoting PROTEC (although only one had participated in the training). One counter clerk told the team that he tells clients who purchase antibiotics for STD control that they should use PROTEC to protect their health and because a packet of 3 PROTEC costs 150 CFA as compared to more than 5,000 CFA for the antibiotics. Several pharmacies visited sell from 10 - 20 dispensers (of 20 packets each) per week. One pharmacy, that had sold 8 dispensers the day of the team's visit, reported that PROTEC was their best selling product.

2.2.2. Network

Valdafrique receives the condoms from USAID, does the packaging and distributes the products through Senegalap to three main wholesalers: Laborex, Cophase and Sodipharm. The wholesalers sell PROTEC to the private pharmacies. Some pharmacies have a relationship with outlying depots which they stock. Nationwide the number of pharmacies and depots were thought to be, respectively, 247 and 255. In fact, there are only 232 functioning pharmacies and 68 depots. Approximately 98% of the pharmacies and an estimated 90% of the depots sell PROTEC.

Valdafrique sells PROTEC to the wholesalers for 80 CFA per packet of 3; the wholesalers sell PROTEC to pharmacies for 100 CFA; the consumer price is 150 CFA.

2.2.3. Sales

The sales of PROTEC have far exceeded expectations: they surpassed the first year projections by 21%, despite the fact that the media publicity did not begin until four months after the initial distribution. In the first 13 months, more than 1 million PROTEC condoms were sold which is remarkable considering that the distribution network constitutes less than 300 outlets. (see Appendix 4: PROTEC: Sorties Grossistes) The private sector has experienced a substantial increase in the global market. Following the launch of PROTEC there was a significant drop in sales of other brands (most of which were considerably more expensive than PROTEC). However, the wholesalers report a come back for the others and continual increases in the sales of PROTEC.

There are fluctuations in sales with a drop, for example, during Ramadan. The highest proportion of sales is during evening hours or when a pharmacy is designated for 24 hour service (*pharmacies de garde*). Overall the pharmacies report more sales on Friday, Saturday and Sunday than on other days. The price does not appear to be a significant barrier. In fact, there is evidence of rogue street sales of other condoms at equivalent and higher prices.

There has been no formal analysis of the profile of consumers but from informal information ascertained by the sales force it appears that the clientele represent all socio-economic categories, including the military, bank and government employees, and students. As overall sales increase, the sales force report an observed increase in the lower categories, including factory workers, apprentices, people working in the informal sector, and even villagers. By far, the largest number of consumers are men but the pharmacies report an increasing number of women buying PROTEC.

Although the largest proportion of sales is in greater Dakar, sales in the regions have been significant. Laborex, which is the only wholesaler with a major network outside of Dakar, reported 70% of its total condom sales within Dakar before PROTEC, dropping to an average of 63% for PROTEC. There are plans to promote sales in the regions with the sales force programming more pharmacy visits in the regions, a regional tour of the theater spectacles scheduled, and more regional media promotion budgeted.

3. PROGRAM MANAGEMENT

3.1. SOMARC

3.1.1. *SOMARC/Dakar*

The PSMS Coordinator is dynamic, and has, by all accounts, been highly successful in managing the project. She is a pharmacist with a graduate degree and experience working for a local pharmaceutical wholesaler and as the regional sales supervisor for an international pharmaceutical company. She has an excellent knowledge of marketing and public relations but this is her first experience with social marketing. She has not had any opportunities for training or exposure to other social marketing projects.

The PSMS staff include a logistician and a secretary. A position has been created for a Deputy Coordinator/ Information, Education, Communication (IEC) Specialist. An individual was hired but did not work out. The recruitment of a competent deputy will permit the Coordinator to focus on public relations and distribution which are her strongest skills. Her skills would be well complemented by an individual with a background in communication/IEC who can coordinate much of the work with Publicom, the media, and other programs that have related IEC efforts, such as the National AIDS Control Program (PNLS)/AIDSCAP.

SOMARC has subcontracted with a local organization, Association Conseil pour l'Action (ACA), to provide all administrative support, including the employ of SOMARC personnel, provision of an office and equipment, secretarial, financial and logistic services. The PSMS office is simple, but adequate for the present. However, if additional staff are recruited, they may need to expand. There is a need for better transport arrangements for the Coordinator as the vast majority of her time is spent outside of the office.

3.1.2. *Support from SOMARC/Rabat and SOMARC/Washington*

The Dakar office maintains strong linkages with the regional office in Rabat. There are frequent fax and telecommunications; the E-mail linkage is not functional. There is virtually no direct relationship with Washington. Visits of the Regional Coordinator were relatively frequent during the start-up period when the Resident Coordinator was being recruited and sub-contractors identified. Once the project was established, the Project Committee recommended reducing the travel budget. Visits were planned approximately every 4 months.

The Regional Coordinator manages all subcontracts and provides good administrative support to the project. He made an excellent selection of subcontractors and maintains good contractual relations with them. There have been some delays in finalizing subcontract amendments which appear to be

caused primarily by delays in obtaining technical and contractual approvals in USAID/Washington. These delays have slowed project operations and occasionally obliged ACA or Publicom to carry the costs of their activities for extended periods. The issue of the carrying costs of money by subcontractors should be addressed in their budgets.

The regional office has provided minimal technical support in social marketing operations with the exception of one visit of a specialist in distribution. The regional office has provided excellent technical assistance in training, research, media relations.

3.2. USAID

USAID/Dakar has been very supportive of social marketing and provides continuing good support to the project. Prior to the launching of PSMS, USAID/D provided the GOS information and exposure to the different approaches of USAID-funded Cooperating Agencies working in social marketing to enable the GOS to make an informed selection. USAID/D subsequently facilitated the extended process of negotiating with the GOS to establish SOMARC. USAID/D was instrumental in establishing the Project Committee and has played the critical role in furthering the Committee's relationship with the project. USAID/D is responsible for providing the condoms.

As SOMARC is a centrally-funded project, the Senegal activity must rely on approvals from USAID/W. There do appear to be delays in USAID/W in the contracting and technical offices, some of which were caused by the government shut-down; others may have been related to changes in personnel.

3.3. Pilot Project Committee

Committee members were selected because of their potential to be influential in their positions. The Committee is comprised of: the Director of the National Family Planning Program (PNPF), MOHSA; the Director of Pharmacy, MOHSA; the Director of Public Health and Hygiene, MOHSA; the Legal Advisor, MOHSA; the Deputy Coordinator of PNLS, MOHSA; a representative of USAID; and a representative of the Order of Pharmacists. The Committee is chaired by the Director of PNPF who also is the person responsible within the MOHSA. PNPF is the locus of the USAID-funded project of which SOMARC is a part and its mission is family planning which was the orientation of the initial campaign.

At the beginning, there was a fair amount of misunderstanding among committee members which was gradually resolved. The role of the Project Committee was never formalized which provided necessary flexibility, particularly in view of the fact that social marketing was a completely new approach for Senegal and there had been no experience in managing such an activity. In practice, the Committee reviewed and approved every aspect of the promotional campaign and became involved in details of

presentation. While this may have slowed the progress of the project, it had the positive effect of ensuring that there was support from the critical sectors represented on the Committee and provided the campaign with a legitimacy that was decisive in facilitating acceptance in the community at large. Moreover, individual Committee members played a significant role in furthering the interests of PSMS among important opinion leaders, particularly in the religious and political communities.

It is clear that the success SOMARC has had in overcoming the profound socio-cultural barriers to open discussion of the condom is due in large part to the dedication and sensitivity of the Committee. Nonetheless, there was a certain clash of cultures involving an underlying concern among Committee members that the profit motive is not in the interest of the population and frustration within the private sector because of the lack of understanding by the bureaucracy of private sector imperatives.

3.4. Coordination with other Partners

3.4.1. Government of Senegal

PSMS has maintained good relations with PNPf, Direction de la Pharmacie, and PNLS. Although they haven't been programmatically involved with the project, these offices are represented on the Project Committee which has ensured that they are informed about PSMS activities.

3.4.2. Non-governmental Organizations (NGO)

PSMS has established a cordial relationship with SANFAM (Santé Familiale) and ASBEF (Association pour le bien-être familial) and has invited them to events although there have not yet been any joint activities.

3.4.3. Other USAID-funded activities

PSMS has collaborated closely with AIDSCAP. AIDSCAP financed the training of the pharmacists and counter clerks. PSMS participated in several AIDSCAP activities, including a seminar with NGOs, and journalist workshops. Preliminary plans have been made to sell PROTEC in kiosks that AIDSCAP is planning to establish around the country.

The RAPID IV project assisted PSMS in making contacts with GOS officials and opinion leaders.

4. LESSONS LEARNED

(1) Contributed to the "demystification" and increased acceptability of the condom. By moving slowly and taking into consideration the social sensitivities, SOMARC has been successful in gaining the support of opinion leaders and in advancing the acceptability and credibility of the condom. It is now permissible to speak openly about the condom and the groundwork has been laid to speak more openly not just about the role of the condom in child spacing, but also in the prevention of STD/HIV.

(2) Established the feasibility of the private sector to make an important contribution in the social sector. SOMARC has demonstrated that the private sector with its focus on the "bottom line" is efficient and effective in establishing a reliable distribution network and in product promotion and advertising.

(3) Established the viability of social marketing for the private sector. PROTEC has become a profitable product showing a reasonable return to wholesalers and pharmacists. It has also demonstrated that there is a significant market for condoms at the price of 150 CFA per packet.

(4) Demonstrated that the public and private sectors operate differently and ultimately that public sector control restrains the efficiency of the private sector. The public/ private partnership was necessary, given the sensitive environment in which this project was established. Moreover, it was highly successful in launching the program. Nonetheless, continued public oversight would hold back the effectiveness of the private sector to expand and make optimal use of the commercial market to make condoms more accessible in Senegal.

(5) Demonstrated that the utilization of existing commercial networks leads more quickly to self-sustainability. Valdafrique calculates that it could manage the distribution of PROTEC independently (probably including purchasing the condoms) without a subsidy if it were sold at 200 CFA and if promotional activities were continued.

5. PERSPECTIVES FOR PHASE 2

In view of the success of the pilot phase of PSMS, it is recommended that USAID support a second phase which will involve an extension of the network of sales outlets, and potentially, the addition of new products. To ensure that the momentum is not lost, it is critical that there be no hiatus between the two phases. If there were a gap in funding, it is likely to have serious negative consequences. It would precipitate termination of the SOMARC staff and all subcontracts. It would cause a rupture in the distribution network. It would be very costly to regain the lost momentum and it would be disastrous for PROTEC consumers.

While it appears to be clear that there is still an unmet demand for PROTEC, particularly outside of the pharmacy network, it will be necessary to do a study to assess the potential market and distribution networks. In conjunction with this study, it would be advisable to examine the elasticity of demand to ascertain whether PROTEC is appropriately placed in the market.

5.1. Transformation to a Private Sector Entity

Privatization of PSMS will accelerate the transition toward self-sustainability. The social marketing agency must be guided by the interests of the private sector like any private sector enterprise. Over the near term, the existing organization should become autonomous, with oversight responsibility transferred from the public to the private sector. Ultimately, it may be advisable to establish a not-for-profit corporation or other legal entity that is appropriate under Senegalese law. Liaison with the public sector will, however, remain important to ensure that the activities follow national policies and regulations. Moreover, this liaison will facilitate the relaxing of those regulations that impede the distribution of socially marketed products outside of the medical/pharmaceutical network.

At the outset, PSMS must articulate its mission carefully to ensure that there is a common understanding among everyone involved. The mission should be defined in terms of the goal -- self-sustainability; and the purpose -- to promote and sell socially marketed products at a price that is accessible for the C and D socio-economic groups and yet provides sufficient incentive for the commercial distribution network.

The Project Committee should be dissolved and an advisory board appointed that is composed of individuals, primarily from the private sector, who are dedicated to the social goals of social marketing, experienced in the commercial sector, and take seriously their responsibility to respect the mission of the organization. The board should also include representation from the MOHSA and USAID. The board should meet approximately once or twice a year to review the SOMARC objectives and strategy, and review program performance.

The head of PSMS should have the title and authority of Manager or Chief Executive Officer and be fully responsible for managing program operations. To the extent practical, the authority for oversight of project activities, sub-contractors and consultants should be transferred from Rabat to Dakar to ensure maximum efficiency. With the increased autonomy and stature, and with the expanded program envisioned below, the SOMARC office will undoubtedly need additional personnel. At a minimum, the Manager will need a deputy for IEC/promotion and a chief of administration. The agency should also have some of the perquisites of the private sector e.g. an office in which meetings can be held, transport, etc.

5.2. Expansion of Outlets for PROTEC

There is a well recognized need to expand the network to accommodate and attract consumers for whom the location, the hours, or the environment of the pharmacy may not be as opportune. However, it is important to maintain the image of PROTEC and to ensure that it remains in a suitable market. The minimum criteria for the selection of new outlets are that the conditions of stockage and sale guarantee reasonable preservation of the product and that the retail price is maintained. The new wholesale distribution network must be confined to agencies that will respect the limitations. It is in the interest of the distributor to expand the market as widely as possible and to avoid a backlash. Thus the distributor is genuinely concerned with the necessity to maintain the image and quality of the product and will therefore closely supervise the distribution. The public sector can be sanguine about yielding control to the private sector.

SOMARC should begin exploring distribution through NGOs that can play a role in extending the network into communities and particularly high risk populations that may not be well served by SOMARC's other commercial distribution networks. A special effort should be made to target adolescents taking into consideration the sensitivities involved. Valdafrique is willing to supply NGOs at a lower price than commercial wholesalers if the volume is high enough. Hopefully, SOMARC will be able to negotiate with Valdafrique, or whichever distributor is involved, to aggregate the individual purchases of all NGOs and thus grant the discount, but nonetheless, supply them individually.

It is recommended that USAID subsidize purchase of the first consignment of stocks for the NGOs. The NGOs can then replenish with proceeds from the sales, retaining a margin for themselves and providing a margin to their own agents. This would be a means for the NGOs to cover some of their own operating costs and would promote self-sufficiency.

There are some NGOs, such as SANFAM and ASBEF, that already have the requisite infrastructure and network, and the financial and administrative capability to manage the distribution. There are other NGOs that may be interested in participating but will need some technical assistance to develop the necessary capabilities. PSMS should develop the criteria for assessing the capacity of NGOs and not approve them until they meet the required standards. While it is not the role of PSMS to provide technical assistance, it may be able to assist in finding such support.

In contemplating expansion, it is not recommended that SOMARC develop its own network to reach some of the hard to reach rural or special urban populations as SOMARC has done in Mali. This would be costly and difficult to sustain after project support ends. Nor should SOMARC consider public sector distribution networks, such as the Pharmacie Nationale d'Approvisionnement (PNA), because they are not oriented toward commercial success. If PNA evolves, as planned, into a well-managed, self-financing organization with an effective distribution network, it will provide serious competition for the private sector and may even have an effect on forcing the private sector to become more cost-competitive.

There has been discussion of the possibility of introducing a second lower price condom which would be more accessible to the lower economic groups. Any consideration of a second condom should rest also with the private sector and should not be considered unless there is substantial evidence of a profitable market. There is a risk of debasing the image of PROTEC. Moreover, there already is a fairly wide distribution through the public and NGO sectors of condoms that are available either free or for half the price of PROTEC.

5.2.1. Traditional sales outlets

PSMS has already proposed a number of ideas which have been discussed with the distributor, such as gas stations and telecenters, and it appears that PSMS could be ready to expand rather quickly into those outlets. The Senegalap sales force has approached physicians in the health units of large enterprises in and around Dakar and they could ultimately become another network. The association of nurse-midwives may be another potential network. Other possibilities may be explored such as food markets.

5.2.2. Non-traditional outlets

Non-traditional outlets, such as bars and hotels, are particularly important because they are focal points -- "hot points" -- for high risk behavior. However, the risk of utilizing wholesalers to provision these outlets is that once they have the product they may distribute it to outlets that do not meet the established criteria. PSMS has already met with the hotel association and may be able to make suitable arrangements through them. In addition, PSMS may be able to identify NGOs that can serve these outlets.

5.2.3 Community-based Distribution (CBD)

There is considerable interest currently in Senegal in CBD and the potential for social marketing to play a role. ASBEF has trained CBD agents in several regions and they appear to be having excellent success selling condoms. However, there does not appear to be a market there for PROTEC because of its relatively high price. It is likely that the same will be true of other traditional CBD efforts which operate in poorer, often rural communities. Moreover, the CBD approach is not likely to be commercially viable: the emphasis is on motivating the distributor/ CBD worker, requiring a well-organized, well-funded network that provides a significant amount of supervision of the community-based workers; and the cost is very high.

Nonetheless, CBD can be defined in many ways and there are types of CBD, such as peer educators/agents in the work place, where PROTEC sales could do very well. Other possibilities include market women or rural women's cooperatives which both have a commercial focus.

5.3. Other Products

With the social marketing program now well established, the principles accepted and the *modus operandi* proven effective, the project may be ready to take on other products. Several other products have been discussed -- some, like spermicides and oral contraceptives would be an extension of the family planning product line; others, like nivaquine and paracetamol would be an extension of the pharmaceutical product line; and others, like oral rehydration salts (ORS), bed nets, or weaning foods would demand a somewhat different promotional and sales orientation. SOMARC should review the relative viability of adding any one of these products. Any extension of the product line must be planned in conjunction with a feasibility study, in collaboration with the distributor.

The most discussed product to date is ORS. There are sound justifications for distributing ORS through social marketing. The product is inexpensive, does not require medical oversight, and the preservation, while important, does not require elaborate conditions. There are similarities with some of the issues that were involved in launching PROTEC, in particular, ORS is not well accepted by the public and its credibility as an effective pharmaceutical product must be established. There are also sensitivities to overcome although different than those faced by PROTEC: ORS has a poor image within the medical and pharmaceutical community and is, moreover, in direct conflict with their financial interests.

ORS will be a hard sell but one that SOMARC, in collaboration with the BASICS project, is well positioned to take on. SOMARC would assume responsibility for media promotion and private sector distribution, beginning with the pharmacies. BASICS would support training, interpersonal promotional activities, and public sector or CBD activities. While ORS currently is defined as a product that can only be sold through pharmacies, it appears that a change in regulations would not be difficult and should be pursued.

Oral contraceptives could be incorporated relatively easily into SOMARC's existing distribution network. SOMARC has explored the possibility of selling an oral contraceptive that is already approved in Senegal. Given existing medical barriers it would have to be marketed solely through pharmacies and the promotional message would have to respect the limitations imposed by Senegalese law.

5.4. Focus on STD/HIV Prevention

Now that PSMS has been successful in demystifying and establishing the credibility of the condom by focusing primarily on child spacing, the groundwork has been laid to target STD/HIV prevention, especially among high risk population groups. The condom is the only method of prevention outside of abstinence and fidelity between non-infected partners. It is time to go beyond the theme that PROTEC is protection for couples and start to focus on protection for all sexually active individuals. It is recognized that the condom is still a very sensitive subject, especially when associated with STD/AIDS prevention. The development of a promotional strategy, particularly for the media, will need to involve extensive research and pre-testing.

SOMARC should target distribution and related promotional activities to high risk groups, such as commercial sex workers (both registered and non-registered), out-of-school youth, truck drivers, port workers, etc. Preliminary discussions have taken place between PSMS and AIDSCAP about the possibility of marketing PROTEC through the NGO distribution network which AIDSCAP is supporting. Collaboration with Peace Corps may also be warranted.

The price of PROTEC may be an issue for these NGOs. Some of them distribute free condoms; others sell condoms at 25 CFA, the public sector price for the no logo/ no color condom. There may be some NGO channels in which PROTEC and the existing lower price condom may be sold in tandem and others for which PROTEC only may be appropriate. Although there may be some hardship cases in which free distribution is justified, in general, the free distribution is regrettable: a freely given commodity has little perceived value to the recipient and may not be utilized. There is evidence that many of the freely distributed condoms are being sold in the street market.

5.5. Transition to Self-sustainability

PSMS has focused on the ultimate objective of self-sustainability. By collaborating with existing commercial organizations, it has built the basis of a future independent marketing activity. In Phase 2 SOMARC needs to make a plan for gradual reduction of the subsidies provided, to the extent possible, keeping in mind the need to make the products affordable to the lower income groups.

The target population of the pilot phase has been the C and D socio-economic groups. However, in order to achieve self-sustainability, effectively, the market must encompass the higher socio-economic groups: sales must be sufficiently large to generate profits that will cover the costs of selling PROTEC at a price that is accessible to C and D consumers. In fact, the basis has been laid: the promotional strategy has been to establish PROTEC as an up-scale product which, according to anecdotal evidence, has attracted affluent consumers as well as poorer ones.

6. RECOMMENDATIONS

1. It is recommended that USAID support a second phase which will involve an extension of the network of sales outlets, as well as the potential addition of new products. The second phase should be funded for a minimum of four years to allow sufficient time for the project to attain greater self-sufficiency.
2. USAID is strongly urged to ensure that there is no gap in funding between the pilot phase and the follow-on Phase 2.
3. SOMARC should undertake a study to assess the potential new market and outlets for PROTEC. In conjunction with this study, it would be advisable to examine price elasticity.
4. SOMARC should become a more independent private sector entity. It should be established as an autonomous organization with a Manager/ Chief Executive Officer responsible for operations and an advisory board that reviews the objectives, strategy and program performance.
5. The Project Committee should be dissolved and a board appointed, that is composed of individuals primarily from the private sector, who are dedicated to the social goals of social marketing and experienced in the commercial sector. The board should also include representation from the MOHSA and USAID.
6. The distribution network should be expanded to make PROTEC more accessible while respecting the following criteria: adequate conditions of stockage and sale; maintenance of the retail price; and utilization of existing networks.
7. NGOs should be involved in distribution, particularly to the harder to reach, high risk populations that are not well served by the commercial sector. It is recommended that USAID subsidize purchase of the first consignment of stocks, the NGOs replenish with proceeds from the sales, and retain a margin for themselves.
8. SOMARC should put more emphasis on STD/HIV prevention, especially among high risk groups, and should collaborate closely with AIDSCAP in this effort. The development of a related promotional strategy, particularly for the media, will need to involve extensive research and pre-testing.
9. SOMARC should study the possibility of including other products, particularly in view of the USAID strategy of integrating health and family planning. In particular, SOMARC should explore, in collaboration with BASICS, the possibility of promoting and distributing ORS. Other products to consider include oral contraceptives and spermicides, and possibly bed nets, nivaquine, paracetamol,

and a weaning food. Any extension of the product line must be planned in conjunction with a feasibility study.

10. SOMARC should make a plan for gradual reduction of the subsidies provided, to the extent possible, keeping in mind the need to make the products affordable to the lower income groups.

11. The SOMARC office should be reinforced with the expansion of the project and the increased autonomy and stature of SOMARC. The Manager should be involved in the international social marketing network and have opportunities to exchange experiences with social marketing experts and programs worldwide.

12. SOMARC should support training for pharmacists, and especially counter clerks, who have not yet been trained, as well as for the personnel in new sales outlets.

APPENDIX 1: SCOPE OF WORK RELATING TO A MID-TERM EVALUATION OF THE SENEGALESE PROGRAM OF SOCIAL MARKETING/ SOMARC

I. ACTIVITY TO BE EVALUATED

| | |
|---------------------------------|--|
| Project title : | Senegal Program of Social Marketing |
| Contract Authorization Number : | AID/CCP-3051-Q-14-2017-00 |
| Contract Authorization Date : | January 9, 1995 |
| | Project Completion Date : Originally August 31, 1995, Extended October 4, 1995 until September 30, 1996 |
| Funding Approved for Contract : | \$598,114 |

II. PURPOSE OF THE EVALUATION

The evaluation is intended to assess the progress to date in achieving the objectives approved for the overall project. This will include an analysis of the implementation activities carried out by the project staff and subcontractors. At the same time, the evaluation will provide an opportunity to recommend modifications to improve the project.

III. BACKGROUND

In response to a request by the Senegalese Ministry of Health and USAID/Dakar, The Futures Group proposed an implementation plan for the SOMARC/Senegal pilot social marketing project. This project has become known as the Senegal Program of Social Marketing (PSMS). The implementation plan was used to develop a marketing plan for nationwide commercialization of a high quality and affordable branded condom. It was originally proposed that the social marketing pilot project be implemented over an 18 month period starting March-November 1994 with pre-launch activities and continuing November 1994-August 1995 with launch and marketing of condoms through pharmaceutical outlets. The pre-launch activities were to be covered under a core contract and the implementation activities under the current buy-in. This timetable was subsequently postponed as explained below.

The Pilot Project Committee determined that a new tradename would be used for marketing condoms in Senegal, as well as specially developed packaging and mass media advertising materials. Using the local research agency, Equation, both the tradenames and the packaging designs prepared by the advertising agency, Publicom, were pre-tested by focus groups and individuals representative of the target audience. A new presentation using the tradename PROTEC and an abstract bird design was selected for Senegal in February, 1995. Printing and

placement of the packaging materials were arranged by the distributor, Valdafrique. Product launch was rescheduled for product distribution to begin in April, followed by the launch ceremony in June, 1995.

It was proposed that working with the National Order of Pharmacists, SOMARC would develop training strategies and conduct training of pharmacists, counter clerks and rural pharmaceutical depot managers. Accordingly a TOT session for 20 pharmacists was conducted by a Moroccan pharmacist in January 1995, followed by nationwide training sessions starting in March 1995 and financed by AIDSCAP.

Prior to product launch, a media training session was held by two SOMARC consultants for selected physicians, pharmacists, midwives, religious leaders, and the media to ensure that the project would be understood and supported by these groups. To prepare consumers for the social marketing media campaign and diffuse existing resistance to the project, articles and broadcasts addressing issues related to condoms were scheduled. Also, a series of neighborhood theater sketches took place in and around Dakar. Publicom was responsible for the theater sketches as well as for promotional materials and the advertising spots on radio and television.

Subsequent to the project launch ceremony in June, 1995, the sales force of Valdafrique's marketing subsidiary, Senegalap, distributed POP promotional material in pharmacies. Airing of the pre-tested radio spots began in August and the TV spot in September 1995.

As of the end of 1995, PROTEC had been distributed in all pharmacies of the Dakar area and also within all major cities of the interior. Sales are increasing and are expected to exceed the first year sales estimate of 750,000. In order to reach greater numbers of the target audience, SOMARC has proposed a gradual, controlled expansion of the distribution network to include gas stations nationally and also selected hotels, restaurants, bars and discos in the Dakar area.

IV - SCOPE OF WORK

At the time of the evaluation of SOMARC's project in Senegal, there will have been a full year of pre-and post-launch activities. The report can analyze the findings in-country in an attempt to pinpoint lessons learned that affect the overall implementation plan prior to the project's termination in September 1996.

Based on the Revised Implementation Plan Objectives, some of the more pertinent questions that could be raised to obtain project information are the following :

1) Regarding Program Management

- How effective has SOMARC's Regional Manager in Rabat been in providing technical and administrative oversight as well as coordination between SOMARC/Washington, SOMARC/Rabat and USAID (Headquarters and Dakar)?
- How effective has the local Project Coordinator been in providing technical and administrative oversight ?
- What has been the role of the Pilot Project Committee?
- What coordination has taken place between SOMARC and the National Program of Family Planning, the national program for Fighting against AIDS and the NGOs associated with condoms?

2) Regarding the Impact on the Senegalese People of the Mass Media Campaign and the Product's Quality (price, packaging, quality of latex, etc.)

- What do consumers think about PROTEC compared with other condoms on the market (both inside and outside pharmacies)?
- What are the views of opinion leaders about the PSMS and its awareness programs in Senegal?
- What efforts have been taken for heightening public awareness without wounding social and cultural sensitivities?
- How effective has the mass-media advertising been in generating demand for condoms?
- How has the market research program attempted to avert negative cultural and political reactions to the condom packaging and advertising?
- What steps have been taken to implement culturally sensitive public relations activities?
- How has the PSMS attempt to increase AIDS awareness among high risks groups?
- To what extent have the product distribution goals been met?
- How successful has the PSMS been in training pharmacy personnel?
- Did the PSMS product succeed in establishing an image of a high quality product affordable to low income consumers?

- What efforts have been made to promote the correct use of condoms to all consumers?
- What steps are being taken to expand distribution of the PSMS product into the interior of Senegal?

3) **Regarding the Perspectives for Phase 2 of the PSMS**

- Considering the results achieved during the pilot phase of the project, what recommendations can be made for its expansion during the second phase?
- What relationship might be considered with an organization such as the PNA (Pharmacie Nationale d'Approvisionnement)?
- Does a sizable potential market exist for selling PROTEC in so-called "hot spots"?
- What do the authorities of MSAS think about the possible approval of a gradually increasing sale of PROTEC outside pharmacies? (in view of the letter dated March 1994 from the Minister of Health)
- What role could SOMARC play in the policy of community-based distribution (CBD) now under consideration by the PNPF and some national NGOs?
- What role could SOMARC play in the sale and promotion of contraceptive products other than condoms? Could SOMARC promote products associated with Maternal and Child Health such as Oral Rehydration Salts (ORS)?
- Through what activities could SOMARC and AIDSCAP reinforce their collaboration to fight effectively against the growth of STDs and HIV/AIDS?

V. **METHODS AND PROCEDURES**

In order to obtain answers to the questions posed in the Statement of Work, the evaluation methodology will include, but not be limited to :

- a) review of the project's Revised Implementation Plan, Marketing Plan and periodic reports submitted to USAID
- b) briefing by the USAID Project Management Specialist, Mr. Amadou Ly

c) meetings with all or some of the outside members of the Project Committee :

- Mme Marième Diop, former Director of PNPf and responsible in MSAS for the SOMARC project
- Lieutenant-Colonel Dr. Adama Ndoeye - Director of PNPf
- Professeur Issa Lô - Director of Pharmacy
- Lieutenant-Colonel Dr. Lamine Cissé Sarr - Director of Public Health and Hygiene
- Malick Cissé - Legal Advisor, MSAS
- Dr. Mamadou Lamine Sakho, Deputy Coordinator of PNLS
- Mbaye Diagne, Order of Pharmacists

d) interviews with the following directly connected with the PSMS :

- Mme Seynabou Mbengue, Project Coordinator
- Association Conseil pour l'Action (ACA) administrative agency
- PUBLICOM Publicité Communication, advertising agency
- Valdafrique, packaging and distribution agency
- Equation and BDA, market research agencies

e) field visits to pharmaceutical wholesalers and retail pharmacists

f) Interviews with consumers and others interested in the distribution and sale of condoms

g) Interviews with organizations involved in CBD or others that could potentially work with the CBD program (e.g. ASBEF, SANFAM, AIDSCAP, etc.)

Timing

The evaluation is scheduled to take place in Dakar and some regions of the interior of Senegal between May 2 and 18, 1996. The evaluation itself will take two six-day weeks including document reviews and interviews. An additional week is allowed for writing of the report.

Funding

At present no project funds are available for the evaluation. It is recommended that central USAID and the FUTURES GROUP funds be used in accordance with the team composition described below.

VI. EVALUATION TEAM COMPOSITION

It is recommended that a team of four persons form the evaluation team. The members should be fluent in French. At least one member should be from the REDSO/USAID Regional Office in Abidjan, Côte d'Ivoire. One other member should be an outside consultant hired through the Futures

Group and familiar with social marketing but not previously connected with the Senegalese project, PSMS. The two other members will be from the Pilot Project Committee and will serve as supervisors during the implementation of the evaluation mission.

The consultant provided by the Futures Group will function as team leader.

VII. SUBMISSION OF EVALUATION REPORT

The Futures Group consultant will be responsible for writing the final report in English and in French (with the assistance of the REDSO team member).

Briefing meetings will take place among USAID, the evaluators, and also the members of the Pilot Project Committee at the start of the evaluation in order to specify and elaborate on the scope of work. Immediately following these meetings a detailed evaluation schedule will be presented for approval by the evaluation team.

Approximately ten days will be devoted to the study of documents, interviews and field visits.

A preliminary report will be presented to USAID and to the Pilot Project Committee on Tuesday, May 14, 1996.

The comments and suggestions of USAID and the Pilot Project Committee will be taken into consideration, and a final draft will be delivered May 17, 1996.

Two weeks later, the final report in English (5 copies) and French (10 copies) will be delivered by the Futures Group and its consultant and on diskette in WordPerfect.

VIII. PRESENTATION OF THE REPORT

The format of the report will conform to that adopted by USAID and will be similar to the examples provided to SOMARC in November, 1995. The report will include: Executive Summary; Project Identification Data Sheet; Table of Contents; Body of Report; Appendices.

IX. LOGISTICS

The Futures Group/SOMARC will be responsible for the transportation and relevant expenses for the implementation of the evaluation (outside Dakar). It should however be noted that the expenses of the USAID participants are not included.

The office and computer of SOMARC/Dakar will be put at the disposal of the evaluation team.

X. REFERENCE DOCUMENTS

The project Implementation Plan as well as the documents relating to the PSMS will be available to the evaluation team in the office of SOMARC/Dakar.

APPENDIX 2: LISTE DES PERSONNES CONTACTEES

USAID/DAKAR

Ann WILLIAMS - Directrice
Fatimata SY - SOT 1
Amadou LY - SOT 1
Chris BARRATT - SOT 1
Massaer GUEYE - SOT 1
Marie-Claire SOW - SOT 1
Soukka NDIAYE - PRM
Bissenty CORREA - SOT 1
Daniele HADDAD - SOT 1

SOMARC

Stephen GREGORY - Directeur régional / SOMARC-RABAT
Seynabou MBENGUE - Coordonnatrice / SOMARC-Sénégal

COMITE DE PILOTAGE

Doctor Lieutenant-Colonel Adama NDOYE - Directeur du Programme National de
Planification Familiale (PNPF)
Marième DIOP - Ex-Directrice du PNPF
Malick CISSE - Conseiller technique aux affaires juridiques du Ministère de la Santé et de
l'Action Sociale
Mbaye DIAGNE - Représentant de l'Ordre des Pharmaciens
Dr Mamadou L. SAKHO - Coordonnateur Adjoint du PNLS
Professor Issa LO

PROJET SURVIE de l'ENFANT / PLANIFICATION FAMILIALE (PSE/PF)

Richard MEYER - Chef de Projet
Robert de WOLFE - Responsable IEC

PROGRAMME NATIONAL DE LUTTE CONTRE LE SIDA (PNLS)

Dr Ibra NDOYE - Coordonnateur

AIDSCAP

Pamela ONYANGO - Directrice
Rama DIOUM - Responsable IEC

PHARMACIENS D'OFFICINE

Madina KANE - Formateur
Aliou CAMARA - Formateur
Gnagna Dieye FALL - Dakar
Oumou K. SAMB - Dakar

OFFICINES DE PHARMACIE - DAKAR (Agents de comptoirs)

Pharmacie Serigna Malick DIEYE

Pharmacie SACRE-COEUR: Mame Penda DIUOF
Doudou DIOP

Pharmacie LIBERTE: Alassane FAYE
Sawadogo SOW

Pharmacie EL MANSOUR Babacar GUEYE

Pharmacie SAHM: Thiane NIANG
Nague DIOUM

Pharmacie BENE TALLY: Mr. NIABALY (Pharmacien-assistant)

Pharmacie OUAGOU NIAYES: Mr. NDOUR

Pharmacie MADINATOOL MOUNAWAE

VALDAFRIQUE-Laboratoires CANONNE S.A.

Jean-François GAMAURY - Directeur Général
Jean-Pierre PHAN - Directeur de SENEGALAB/ Responsables des ventes
Arfang Faye - Pharmacien

FORCE de VENTE: Adolphe KORE
Fernand PREIRA
Abel BINKI
François DIOH

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PUBLICOM

Claude CHERUBIN - Directeur Général
Daouda DIENG - Directeur Commercial

ASSOCIATION CONSEIL POUR L' ACTION (ACA)

Ibrahima YADE - Président
Séni DIOP - Directeur administratif et financier

BASICS

Mamadou SENE - Représentant local

LABOREX

Ibrahima KA - Pharmacien adjoint au Directeur Général
Moussa KONATE - Agent Commercial

COPHASE

Jean Marc MICHEL - Directeur Général
Joachim E. SARR - Directeur Adjoint

SANFAM

Alpha DIENG - Directeur

ASBEF

Belgasime DRAME - Directeur
Hawa TALLA - Responsable IEC

APPENDIX 3: LISTE DES DOCUMENTS CONSULTES

- Accord de subvention entre la République du Sénégal et les Etats-unis d'Amérique pour le projet "Survie de l'Enfant/Planification Familiale au Sénégal - (17 juin 1992)
- Document de projet du PSE/PF
- Plan d'exécution du Projet Pilote de Marketing Social - SOMARC/Sénégal (23 mars 1994)
- Plan Marketing du Projet SOMARC au Sénégal (Août 1994)
- Rapports de voyage au Sénégal de Mr S. GREGORY, Directeur régional de SOMARC
- Rapports trimestriels et annuels de Mr S. GREGORY
- Rapports d'activités de Mme S. MBENGUE, Coordonnatrice au Sénégal
- Compte-rendu des tournées de la Force de Vente et rapports sur les ventes
- Rapport sur la Formation des Pharmaciens Agents de comptoir et Gérants de dépôts.
- Rapports de EQUATION relatifs aux études sur :
 - . l'emballage
 - . la notice intérieure
 - . les spots publicitaires radio
 - . les spots publicitaires télévisés
- Rapports de BDA sur l'utilisation des préservatifs au Sénégal : attitudes et perceptions (Août / Septembre 1994)
- Sous-contrats entre The Futures Group et :
 - . ACA
 - . Valdafrique
 - . PUBLICOM

APPENDIX 4: PROTEC SORTIES GROSSISTES

| MOIS | TOTAL SORTIES GROSSISTES | PROGRESSION P/R MOIS PRECEDENT | CUMUL SORTIES |
|----------------|-----------------------------|--------------------------------------|------------------|
| AVRIL 1995 | 104 085 | | 104 085 |
| MAI 1995 | 14 613 | - 86% | 118 698 |
| JUIN 1995 | 33 000 | 126% | 151 698 |
| JUILLET 1995 | 41 739 | 26% | 193 437 |
| AOÛT 1995 | 39 963 | -4% | 233 400 |
| SEPTEMBRE 1995 | 53 940 | 35% | 287 340 |
| OCTOBRE 1995 | 92 775 | 72% | 380 115 |
| NOVEMBRE 1995 | 108 000 | 16% | 488115 |
| DECEMBRE 1995 | 112 560 | 4% | 600 675 |
| JANVIER 1996 | 104 940 | -7% | 705 615 |
| FEVRIER 1996 | 81 420 | -22% | 787 035 |
| MARS 1996 | 119 460 | 47% | 906 495 |
| TOTAUX | 906 495 | | |

*Cumul VentesValda ----> Grossistes de Avril 1995 à Mars 1996 = 1 006 500

[illegible]

*Cumul ventes Grossistes de Avril 1995 à Avril 1996 = 1 036 125

*Cumul ventes Valda ----> Grossistes de Avril 1995 à Avril 1996 = 1 122 000